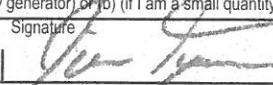
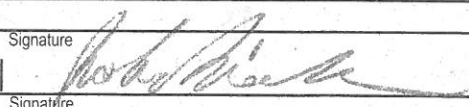
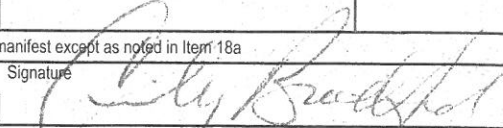


Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 008091029 FLE		
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219 Generator's Phone: (316) 269-7400			Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name Clean Harbors Environmental Services Inc. U.S. Bulk Transport Inc.			U.S. EPA ID Number PA0987347515				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wannoka, OK 73866 Facility's Phone: (501) 697-3800			U.S. EPA ID Number OKD065438376				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III	1	DT	EST 16	Y	
		2.					
		3.					
		4.					
13. Waste Codes							
					F001	F002	
					F004	F005	
14. Special Handling Instructions and Additional Information 1. CHAS1802X06 EFG#171 TR# 104 TL# 104A							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name Jim Tyson			Signature 		Month 12	Day 4	
					Year 14		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Robert Anderson			Signature 		Month 12	Day 4
						Year 14	
	Transporter 2 Printed/Typed Name			Signature		Month 	Day
						Year 	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: _____						
	18b. Alternate Facility (or Generator)			U.S. EPA ID Number			
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator) _____ Month Day Year						
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H137	2. _____	3. _____	4. _____			
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
	Printed/Typed Name			Signature		Month Day Year	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 008091029 FLE	
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219			Generator's Site Address (if different than mailing address) SAME			
Generator's Phone: (316) 268-7400			6. Transporter 1 Company Name U.S. Bulk Transport Inc			
			U.S. EPA ID Number PAD987347515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wavona, OK 73860			U.S. EPA ID Number OKD065438376			
Facility's Phone: (580) 697-3500						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	X	1. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III	1	DT	EST 16	Y
14. Special Handling Instructions and Additional Information 1. CH601S02X05 EHG#171 TR# 104 TL# 104A						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offoror's Printed/Typed Name Jim Tyson			Signature 		Month 12	Day 4
					Year 14	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____					
	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name Bob & Richards			Signature 		Month 12
	Transporter 2 Printed/Typed Name			Signature		Day 4
						Year 14
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____					
	Facility's Phone: _____					
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H132		2. _____		3. _____		4. _____
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Emily Braddon			Signature 		Month 12	Day 4
					Year 14	